



Academy Nomination Form

Thank you for your interest in the U.S. Service Academies. As your Arizona's 5th District Representative in the U.S. House of Representatives, each year I have the privilege of nominating a limited number of people to four of the five service academies. The honor of attending a service academy comes with an obligation and commitment to serve in the military for a minimum of five years upon graduation. Best wishes to you as you pursue your goal of attending one of the U.S. Service Academies and serving our country.

To request a Military Academy Nomination form my office, please complete the form below.

Personal Information

Name	
Street Address	
City ST ZIP Code	
Gender	
Birth date (XX/XX/XXXX)	
Parents/Guardians	
U.S. Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Security Number	

Contact

Email	
Cell Phone	

Education Information

High School Name & Address

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Graduation	GPA	Class Rank	Class Size
SAT Math	SAT Writing	SAT Critical Reading	SAT Composite
ACT Math	ACT Writing/ ACT Reading	ACT Science	ACT Composite

Academy Information

If you wish to be considered for more than one Academy, please rank in order of preference:

- Air Force
- Merchant Marine
- Navy
- Westpoint

An appointment to the Service Academies is based on a desire by the candidate to devote a lifetime of military service and implies recognition by the appointee of an obligation to the government to devote him / herself to a military career. Are you interested in an appointment on that basis?

- Yes**
- No**

Additional Information

Name of hometown newspaper	
Is it okay to use your name in a press release after receiving a nomination or appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please include a list of your extracurricular activities and leadership responsibilities.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a nominee or appointed to an academy position, any false statements, omissions, or other misrepresentations made by me on this application may result in a termination of my appointment or nomination

X

Name (printed)	
Date	

Printable Version

Please send the finished form to the below address or via fax. If you have any questions, please don't hesitate to call the District Office with your concerns.

**Scottsdale District Office
10603 N. Hayden Road, Suite 108
Scottsdale, AZ 85260
Phone: (480) 946-2411
Fax: (480) 946-2446**

Please print and send completed form to District Office. Information at the end of the form.